



STEPHEN G. POWELL, M.D., P.C.
Surgery of Hand & Upper Extremity

MICHAEL J. SCHUTTE, M.D., P.C.
Arthroscopy, Sports Medicine &
Surgery of Knee & Shoulder

THOMAS A. RICKARD, M.D.
Surgery of Hand & Upper Extremity

LARRY R. STAYNER, M.D., P.C.
Orthopaedic Surgery, Sports Medicine
& Arthroscopic Surgery

EMILY E. HEID, M.D., P.C.
Surgery of Foot & Ankle Specialist

EXHIBIT 13
DATE 2-19-07
603

February 18, 2007

Representative Mendenhall and Members of the Committee;

Subject: Support for House Bill 605

I have been in the practice of orthopaedic surgery in Missoula since 1978, currently practicing at Northern Rockies Orthopaedics, a 5 person orthopaedic surgery group. During my years of practice I have employed and observed many medical assistants and am quite familiar with their medical and administrative training and experience. It is my opinion that a medical assistant who has completed a certification program is a valuable addition to a busy medical practice, assisting in patient care and routine clinical tasks. I also am aware of their limitations in regards to more advanced medical procedures, for which their training is inadequate.

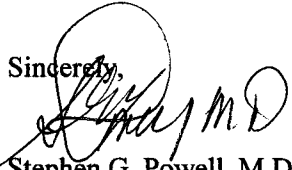
It is the policy of Northern Rockies Orthopaedics to allow medical assistants to perform a wide range of supervised functions in our office. These procedures allow M.A.'s to do casting, sterile wound care, preparation of sterile procedures for our physicians, and general office duties, such as movement of patients to examination rooms, preparation of paperwork, patient scheduling, recording of patient medical information, etc. None of these duties require critical analytical skills of our assistants, such duties not being appropriate due to the limitations of their training and certification. They are certainly not capable of conscious sedation monitoring, which we frequently perform in the critical care areas of the hospital with registered nurses and respiratory therapists assisting in monitoring the patients. They also, in my opinion, are not qualified to administer intravenous medications or substances.

While we recognize the limitations of medical assistants, we value the training and certification they receive via completion of a recognized program, which assures a minimum standard of knowledge in medical fields. These programs provide an excellent starting point, from which we physicians can further instruct them in the necessary functions specific to our office needs.

We do employ staff with no medical assistant training in administrative and clerical positions, but would not use such staff for direct patient care duties.

I am in support of House Bill 605 as proposed. If you require clarification, please feel free to contact me.

Sincerely,



Stephen G. Powell, M.D.